

52694

TEAR HERE

RSPA-99-5013-2

DEPARTMENT OF TRANSPORTATION
HAZARDOUS MATERIALS INCIDENT REPORT

Form Approved OMB No. 2137 0039

INSTRUCTIONS: Submit this report in **duplicate to the Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, D.C. 20590.** If space provided for any item is inadequate, complete that item under Section IX, keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Information Systems Manager, Office of Hazardous Materials Transportation. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

I. MODE, DATE, AND LOCATION OF INCIDENT				
1 MODE OF TRANSPORTATION: <input type="checkbox"/> AIR <input type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER				
2 DATE AND TIME OF INCIDENT (Use Military Time. e.g. 8:30am = 0830. Date. / / TIME noon = 1200. 6pm = 1800. midnight = 2400)				
3 LOCATION OF INCIDENT (Include airport name in ROUTE/STREET if incident occurs at an airport) CITY STATE. COUNTY ROUTE/STREET				
II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING				
4 FULL NAME		5 ADDRESS (Principal place of business)		
6 LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER, REPORTING RAILROAD ALPHABETIC CODE, MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER.				
III. SHIPMENT INFORMATION (From Shipping Paper or Packaging)				
7 SHIPPER NAME AND ADDRESS (Principal place of business)		8. CONSIGNEE NAME AND ADDRESS (Principal place of business)		
9 ORIGIN ADDRESS (If different from Shipper address)		10 DESTINATION ADDRESS (If different from Consignee address)		
11 SHIPPING PAPER/WAYBILL IDENTIFICATION NO				
IV. HAZARDOUS MATERIAL(S) SPILLED (NOTE: REFERENCE 49 CFR SECTION 172.101.)				
12 PROPER SHIPPING NAME	13. CHEMICAL/TRADE NAME	14. HAZARD CLASS	15 IDENTIFICATION NUMBER (e.g UN 2764. NA 2020)	
16. IS MATERIAL A HAZARDOUS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		17 WAS THE RM MET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
V. CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL.				
18 ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (Include units of measurement)		19 FATALITIES	20 HOSPITALIZED INJURIES	21 NON-HOSPITALIZED INJURIES
22 NUMBER OF PEOPLE EVACUATED				
23 ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE, INCLUDING COST OF DECONTAMINATION OR CLEANUP (Round off in dollars)				
A PRODUCT LOSS	B CARRIER DAMAGE	C. PUBLIC/PRIVATE PROPERTY DAMAGE	D DECONTAMINATION/ CLEANUP	E OTHER
24 CONSEQUENCES ASSOCIATED WITH THE INCIDENT <input type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> MATERIAL ENTERED WATERWAY SEWER <input type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> ENVIRONMENTAL DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER				
VI. TRANSPORT ENVIRONMENT				
25 INDICATE TYPE(S) OF VEHICLE(S) INVOLVED <input type="checkbox"/> TANK CAR <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TOFC/COFC <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BARGE <input type="checkbox"/> VAN TRUCK/TRAILER <input type="checkbox"/> FLAT BED TRUCK/TRAILER <input type="checkbox"/> SHIP OTHER				
26 TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED, <input type="checkbox"/> EN ROUTE BETWEEN ORIGIN/DESTINATION <input type="checkbox"/> LOADING <input type="checkbox"/> UNLOADING <input type="checkbox"/> TEMPORARY STORAGE TERMINAL				
27 LAND USE AT INCIDENT SITE. <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL (UNDEVELOPED)				
28 COMMUNITY TYPE AT SITE. <input type="checkbox"/> URBAN <input type="checkbox"/> SUBURBAN <input type="checkbox"/> RURAL				
29 WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES AND APPLICABLE, ANSWER PARTS A THRU C				
A ESTIMATED SPEED.	B HIGHWAY TYPE <input type="checkbox"/> DIVIDED/LIMITED ACCESS <input type="checkbox"/> UNDIVIDED	C TOTAL NUMBER OF LANES <input type="checkbox"/> ONE <input type="checkbox"/> THREE <input type="checkbox"/> TWO <input type="checkbox"/> FOUR OR MORE	SPACE FOR DOT USE ONLY	

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II. PACKAGING INFORMATION: If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package.											
ITEM	A	B	C								
1 TYPE OF PACKAGING, INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)											
CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)											
1 NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER											
1 NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT											
1 PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)											
1 ANY OTHER PACKAGING MARKINGS (e.g. STC. 18/1 6-5588, Y 1.4/150/87)											
1 NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER											
1 SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS											
1 TYPE OF LABELING OR PLACARDING APPLIED											
1 IF RECONDITIONED OR REQUALIFIED	A. REGISTRATION NUMBER OR SYMBOL										
	B. DATE OF LAST TEST OR INSPECTION										
1 EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E1012)											
III. DESCRIPTION OF PACKAGING FAILURE: Check all applicable boxes for the package(s) identified above.											
ACTION CONTRIBUTING TO PACKAGING FAILURE <table style="width:100%; border:none;"> <tr> <td style="width:33%;"> 1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRANSPORT VEHICLE COLLISION 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRANSPORT VEHICLE OVERTURN 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OVERLOADING/OVERFILLING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LOOSE FITTINGS, VALVES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE FITTINGS, VALVES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DROPPED 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STRUCK/RAMMED 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IMPROPER LOADING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IMPROPER BLOCKING </td> <td style="width:33%;"> 1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CORROSION 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> METAL FATIGUE 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FRICTION/RUBBING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIRE/HEAT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FREEZING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VENTING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VANDALISM 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INCOMPATIBLE MATERIALS 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER </td> <td style="width:33%;"></td> </tr> </table>		1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRANSPORT VEHICLE COLLISION 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRANSPORT VEHICLE OVERTURN 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OVERLOADING/OVERFILLING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LOOSE FITTINGS, VALVES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE FITTINGS, VALVES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DROPPED 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STRUCK/RAMMED 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IMPROPER LOADING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IMPROPER BLOCKING	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CORROSION 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> METAL FATIGUE 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FRICTION/RUBBING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIRE/HEAT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FREEZING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VENTING 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VANDALISM 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INCOMPATIBLE MATERIALS 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER		42 OBJECT CAUSING FAILURE <table style="width:100%; 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K. DESCRIPTION OF EVENTS: Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.											
6 NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT		47 SIGNATURE									
8 TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT		49 TELEPHONE NUMBER (Area Code)	50 DATE REPORT SIGNED								